



Provider Enrollment Check List

Name of Provider/Clinic

Date

Remember to:

- Return two (2) completed (both sides signed and dated) Healthy Connections Provider Agreements;
- Complete the Practice Information form for each clinic/practice that will be participating. The reverse side of the form identifies individual providers within the clinic/practice. Contact your Healthy Connections representative if you require assistance;
- Send a copy of the current certificate of professional liability insurance for each provider;
- Include a letter that specifies how the clinic(s)/provider(s) will comply with the Healthy Connections 24-hour coverage requirement identified in the provider agreement;
- If you wish to have your case management payments automatically deposited complete and sign the Authorization for Electronic Funds Transfer form;
- Send a copy of your W-9 form (Request for Taxpayer Identification Number and Certification).
- Contact your local Healthy Connections representative with questions regarding the Healthy Connections provider enrollment process.

Please return this form with your enrollment documentation.